

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. of Health & Human Services
Division of Environmental Health, 11 SHS
(207) 287-5672 FAX (207) 287-4172

PROPERTY LOCATION		>> CAUTION: LPI APPROVAL REQUIRED <<	
City, Town, or Plantation	LAMOINE	Town/City <u>LAMOINE</u>	Permit # <u>1749</u>
Street or Road	WALKER ROAD	Date Permit Issued <u>9/23/14</u>	Fee \$ <u>250</u> Double Fee Charged ()
Subdivision, Lot #		 Local Plumbing Inspector Signature	
OWNER/APPLICANT INFORMATION		L.P.I. # <u>1040</u>	
Name (last, first, MI)	CRAWFORD, CAMERON	<input type="checkbox"/> Owner <input checked="" type="checkbox"/> Town <input type="checkbox"/> State	
Mailing Address of	88 ACRES LANE	The Subsurface Wastewater Disposal System shall not be installed until a Permit is issued by the Local Plumbing Inspector. The Permit shall authorize the owner or installer to install the disposal system in accordance with the application and the Maine Subsurface Wastewater Disposal Rules.	
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant	LAMOINE, ME. 04605		
Daytime Tel. #	(207) 460-9573		
OWNER OR APPLICANT STATEMENT		CAUTION: INSPECTION REQUIRED	
I state and acknowledge that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Department and/or Local Plumbing Inspector to deny a permit.		I have inspected the installation authorized above and found it to be in compliance with Subsurface Wastewater Disposal Rules Application.	
 Signature of Owner or Applicant		 Local Plumbing Inspector Signature	
Date <u>9/23/14</u>		(1st Date Approved) (2nd Date Approved)	

PERMIT INFORMATION		
TYPE OF APPLICATION <input checked="" type="checkbox"/> 1. First Time System <input type="checkbox"/> 2. Replacement System Type Replaced: _____ Year Installed: _____ <input type="checkbox"/> 3. Expanded System <input type="checkbox"/> a. < 25% Expansion <input type="checkbox"/> b. ≥ 25% Expansion <input type="checkbox"/> 4. Experimental System <input type="checkbox"/> 5. Seasonal Conversion SIZE OF PROPERTY _____ sq. ft. <u>3 1/2</u> acres SHORELAND ZONING <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	THIS APPLICATION REQUIRES <input checked="" type="checkbox"/> 1. No Rule Variance <input type="checkbox"/> 2. First Time System Variance <input type="checkbox"/> a. Local Plumbing Inspector Approval <input type="checkbox"/> b. State & Local Plumbing Inspector Approval <input type="checkbox"/> 3. Replacement System Variance <input type="checkbox"/> a. Local Plumbing Inspector Approval <input type="checkbox"/> b. State & Local Plumbing Inspector Approval <input type="checkbox"/> 4. Minimum Lot Size Variance <input type="checkbox"/> 5. Seasonal Conversion Permit DISPOSAL SYSTEM TO SERVE <input checked="" type="checkbox"/> 1. Single Family Dwelling Unit, No. of Bedrooms: <u>2</u> <input type="checkbox"/> 2. Multiple Family Dwelling, No. of Units: _____ <input checked="" type="checkbox"/> 3. Other: (SPECIFY) <u>GARAGE BATHROOM FOR OWNER'S USE.</u> Current Use: <input type="checkbox"/> Seasonal <input type="checkbox"/> Year Round <input checked="" type="checkbox"/> Undeveloped	DISPOSAL SYSTEM COMPONENT(S) <input checked="" type="checkbox"/> 1. Complete Non-engineered System <input type="checkbox"/> 2. Primitive System (graywater & alt. toilet) <input type="checkbox"/> 3. Alternative Toilet, specify: _____ <input type="checkbox"/> 4. Non-engineered Treatment Tank (only) <input type="checkbox"/> 5. Holding Tank, _____ gallons <input type="checkbox"/> 6. Non-engineered Disposal Field (only) <input type="checkbox"/> 7. Separated Laundry System <input type="checkbox"/> 8. Complete Engineered System (2000 gpd or more) <input type="checkbox"/> 9. Engineered Treatment Tank (only) <input type="checkbox"/> 10. Engineered Disposal Field (only) <input type="checkbox"/> 11. Pre-treatment, specify: _____ <input type="checkbox"/> 12. Miscellaneous components TYPE OF WATER SUPPLY To BE <input checked="" type="checkbox"/> 1. Drilled Well <input type="checkbox"/> 2. Dug Well <input type="checkbox"/> 3. Private <input type="checkbox"/> 4. Public <input type="checkbox"/> 5. Other: _____

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
TREATMENT TANK <input checked="" type="checkbox"/> 1. Concrete <input checked="" type="checkbox"/> a. Regular <input type="checkbox"/> b. Low Profile <input type="checkbox"/> 2. Plastic <input type="checkbox"/> 3. Other: _____ CAPACITY <u>1000</u> gallons SOIL DATA & DESIGN CLASS PROFILE <u>5</u> CONDITION <u>C</u> at Observation Hole # <u>1</u> Depth <u>36</u> " OF MOST LIMITING SOIL FACTOR	DISPOSAL FIELD TYPE & SIZE <input checked="" type="checkbox"/> 1. Stone Bed <input type="checkbox"/> 2. Stone Trench <input type="checkbox"/> 3. Proprietary Device _____ <input type="checkbox"/> a. Cluster Array <input type="checkbox"/> c. Linear <input type="checkbox"/> b. Regular load <input type="checkbox"/> d. H-20 load <input type="checkbox"/> 4. Other: _____ SIZE <u>600</u> sq. ft. <input type="checkbox"/> lin. ft.	GARBAGE DISPOSAL UNIT <input checked="" type="checkbox"/> 1. No <input type="checkbox"/> 2. Yes <input type="checkbox"/> 3. Maybe If Yes or Maybe, specify one below: <input type="checkbox"/> a. Multi-compartment Tank <input type="checkbox"/> b. _____ Tanks in Series <input type="checkbox"/> c. Increase in Tank Capacity <input type="checkbox"/> d. Filter on Tank Outlet EFFLUENT/EJECTOR PUMP <input checked="" type="checkbox"/> 1. Not Required <input type="checkbox"/> 2. May be Required <input type="checkbox"/> 3. Required Specify only for engineered systems DOSE: _____ gallons	DESIGN FLOW <u>180</u> gallons per day BASED ON <input checked="" type="checkbox"/> 1. Table 4A (dwelling unit(s)) <input type="checkbox"/> 2. Table 4C (other facilities) SHOW CALCULATIONS for other facilities <input type="checkbox"/> 3. Section 4G (meter readings) ATTACH WATER METER DATA LATITUDE AND LONGITUDE at Center of Disposal Area Lat. <u>44° 28' 42.5"</u> N Lon. <u>68° 19' 00.2"</u> W If g.p.s., state margin of error <u>3.0'</u>

SITE EVALUATOR STATEMENT		
I certify that on <u>9-12-14</u> (date) I completed a site evaluation on this property and state that the data reported are accurate and that the proposed system is in compliance with the State of Maine Subsurface Wastewater Disposal Rules (10-144A CMR 241).		
 Site Evaluator Signature WILLIAM A. LaBELLE, JR. Site Evaluator Name Printed	319 SE# (207) 537-5900 Telephone Number	<u>9-17-14</u> Date labelleseptic@rivah.net E-mail Address

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Town, City, Plantation
LAMOINE

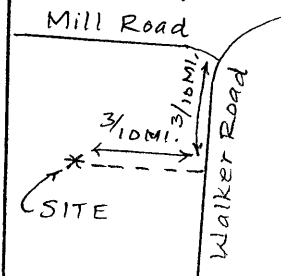
Street, Road, Subdivision
WALKER ROAD

Owner or Applicant Name
CAMERON CRAWFORD

SITE PLAN

Scale 1" = 30 Ft.

SITE LOCATION PLAN
(Attach map from Maine Atlas
for First Time System Variance)



(SEE ATTACHED SITE PLAN)

SOIL PROFILE DESCRIPTION AND CLASSIFICATION (Location of Observation Holes Shown Above or on pg. 2A)

Observation Hole #1 ☒ Test Pit ☐ Boring
3 " Depth of organic horizon above mineral soil

Texture	Consistency	Color	Mottling
LOAMY GRAVELLY SAND TO MEDIUM COARSE SAND	FRIABLE TO LOOSE	GRAY (10YR 6/1) DARK YELLOWISH BROWN (10YR 4/6)	N.E.
10			
20			
30			
40			
50			

Soil Profile 5 Classification C Slope 0 % Limiting Factor 36 " Depth
☐ Ground Water
☐ Restrictive Layer
☐ Bedrock
☒ Pit Depth

Observation Hole #2 ☒ Test Pit ☐ Boring
2 " Depth of organic horizon above mineral soil

Texture	Consistency	Color	Mottling
LOAMY GRAVELLY SAND FINE TO MEDIUM SAND	FRIABLE LOOSE	GRAY (10YR 6/1) DARK YELLOWISH BROWN (10YR 4/6) OLIVE BROWN (2.5Y 4/4)	N.E.
10			
20			
30			
40			
50			

Soil Profile 5 Classification C Slope 0 % Limiting Factor 36 " Depth
☐ Ground Water
☐ Restrictive Layer
☐ Bedrock
☒ Pit Depth

W. C. Leach
Site Evaluator's Signature

319
S. E. #

9-17-14
Date

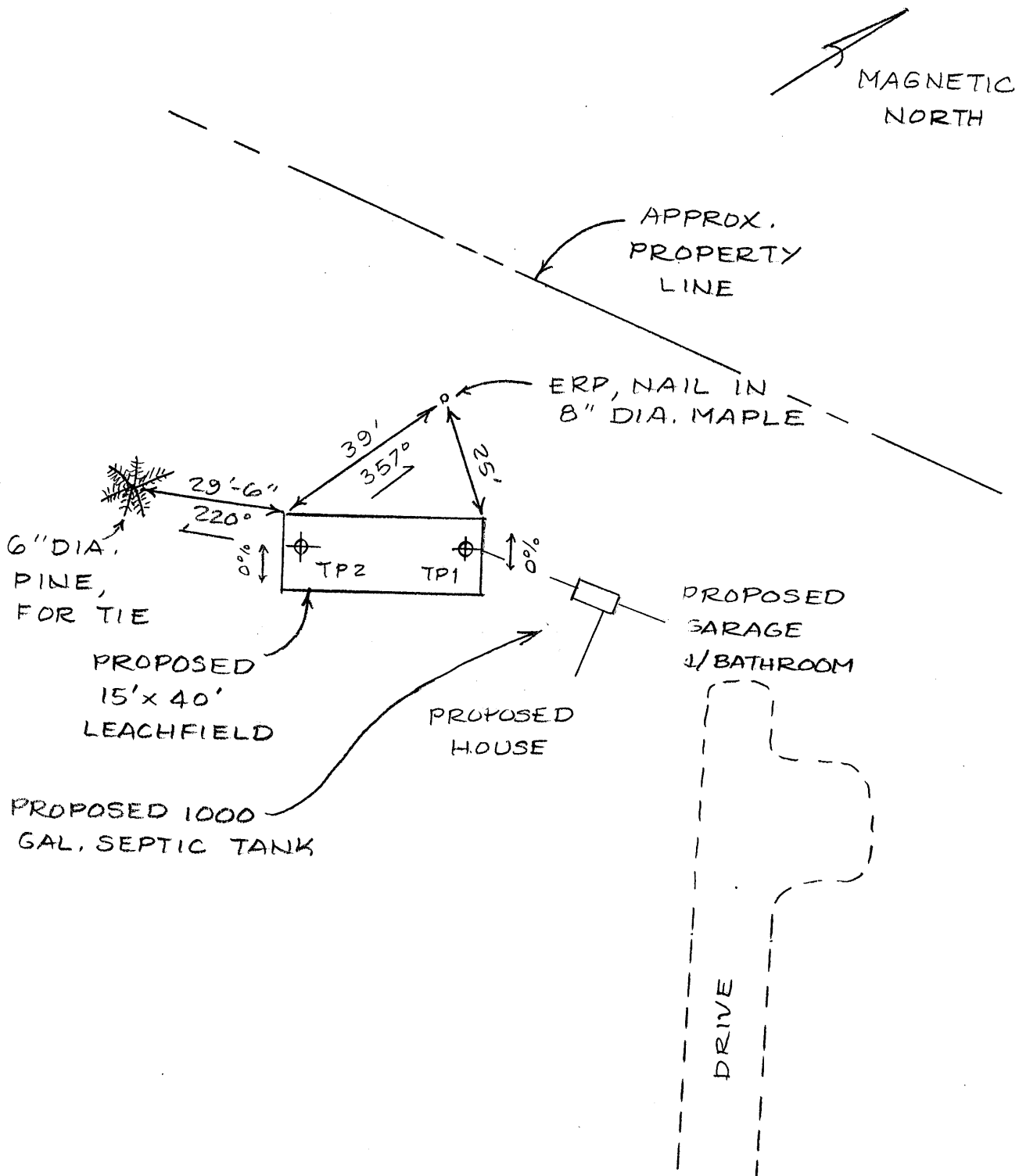
Town, City, Plantation
LAMOLNE

Street, Road, Subdivision
WALKER ROAD

Owner or Applicant Name
CAMERON CRAWFORD

SITE PLAN:

SCALE: 1" = 30 FT.



W. C. 2017
Site Evaluator's Signature

319
S.E. #

9-17-14
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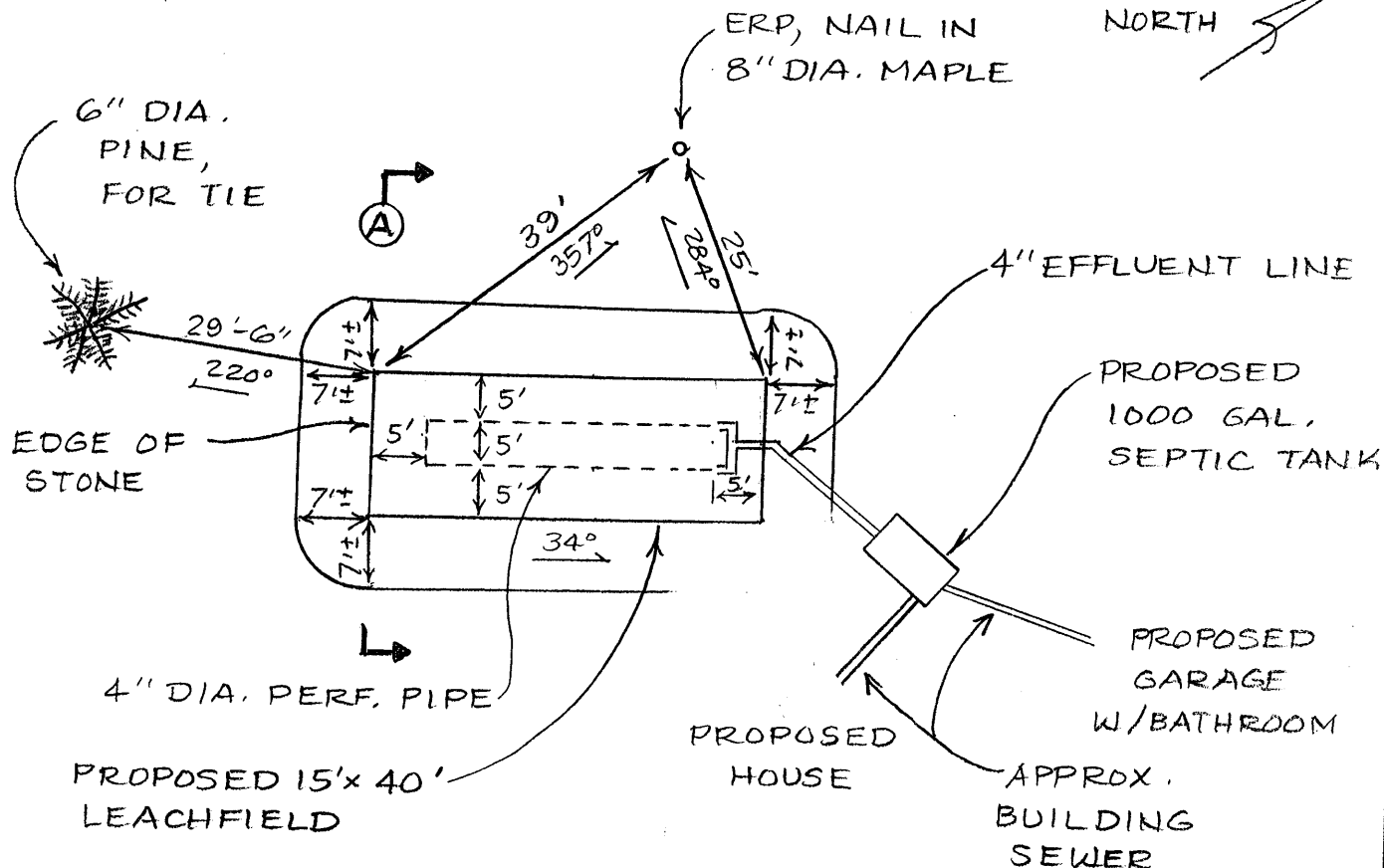
Street, Road, Subdivision
WALKER ROAD

Owner or Applicant Name
CAMERON CRAWFORD

SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE: 1" = 20 FT.

MAGNETIC
NORTH



FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		SYSTEM:	PRIVY:	ELEVATION REFERENCE POINT
Depth of Backfill (Upslope)	11"	Finished Grade Elevation	CROWN -34"			Location & Description NAIL 38"
Depth of Backfill (Downslope)	11"	Top of Distribution Pipe or Proprietary Device	-49"		N/A	ABOVE GROUND IN 8" DIA.
Depths @ cross-section shown below or on X-sec. detail.		Bottom of Disposal Field	-60"			MAPLE.
						Reference Elevation is: 0"

DISPOSAL AREA CROSS SECTION (SEE ATTACHED CROSS SECTION)

NOTES:

1. Tank(s) must be 8' minimum from building.
2. Grade surrounding area to divert surface water away from system.
3. Well to be 51' minimum from septic tank(s) and 100' minimum from disposal field.
4. All work done adjacent to wetlands and water bodies must be done in compliance with section 11-M of the Subsurface Wastewater Disposal Rules. Erosion and sediment control measures must be in accordance with the March 2003 edition of the Maine DEP Handbook "Maine Erosion and Sediment Control BMPS" (DEPW0588).
5. Install septic tank(s) risers 18" in diameter "minimum" to within 6" of finished grade on inlet, cleanout and outlet covers (recommend extending risers to finish grade).
6. Full basement below grade foundation, frost wall or columns must be 20' minimum from edge of disposal field and slab on grade must be 15' minimum from edge of disposal field.

Site Evaluator's Signature

S.E. #

Date

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HHE-200 Rev. 08/2011

NOTE: GRADE UPSLOPE
AND DOWNSLOPE TO
DIVERT SURFACE
WATER AWAY FROM
SYSTEM.

3 FT.
WIDE
BERM

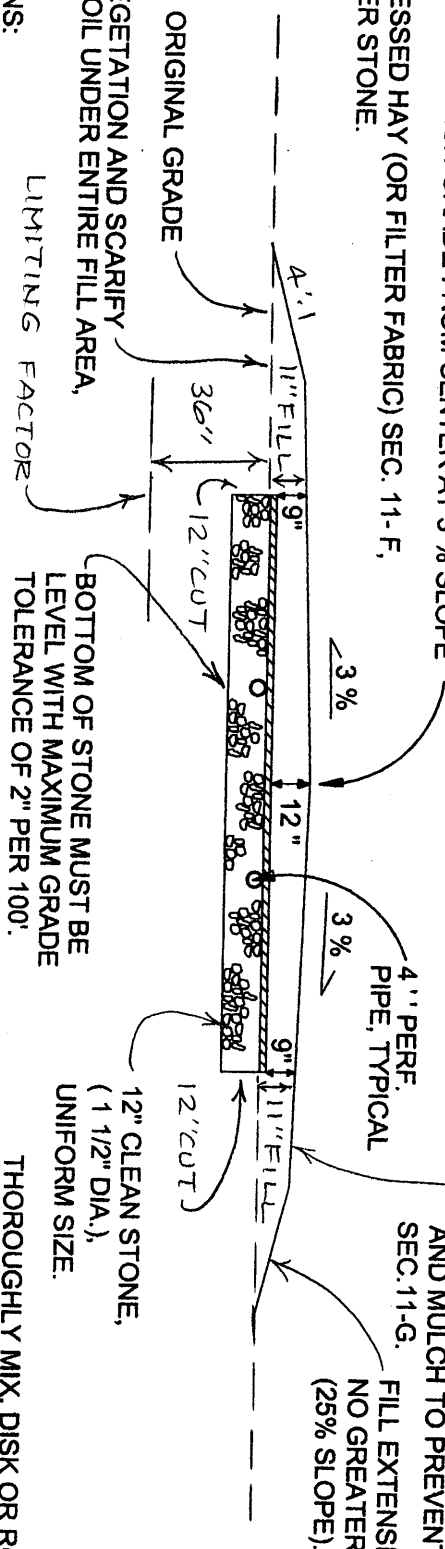
15 FT.
SCALE: 1" = 5'

Ⓐ

3 FT.
WIDE
BERM

CROWN FINISH GRADE FROM CENTER AT 3 % SLOPE
2" COMPRESSED HAY (OR FILTER FABRIC) SEC. 11-F,
PLACED OVER STONE.

TOP 4" OF FILL TO BE A GOOD LOAM SOIL MIX TO ESTABLISH A GOOD VEGETATIVE COVER; SEED AND AND MULCH TO PREVENT EROSION, SEC. 11-G. FILL EXTENSIONS NO GREATER THAN 4:1, (25% SLOPE).



**12" CLEAN STONE,
(1 1/2" DIA.),
UNIFORM SIZE.**

THOROUGHLY MIX, DISK OR ROTO-TILL CLEAN, COARSE, SHARP SAND INTO TOP 4 INCHES OF ORIGINAL SOIL TO CREATE A TRANSITION ZONE, SEC. 11-B.

LIMITING FACTOR

BOTTOM OF STONE MUST BE LEVEL WITH MAXIMUM GRADE TOLERANCE OF 2" PER 100'.

LIMITING FACTOR

ELEV. REF. PT. (ERP):

FINISHED GRADE:

TOP OF DISTRIBUTION PIPE:

BOTTOM OF STONE:

0

-34' crown

49

60.

OWNER: CAMERON CRAWFORD
LOCATION: LAMORINE

NOTE:
SYSTEM MUST BE INSTALLED ACCORDING TO THE RULES AND PRACTICES SET FORTH IN THE MOST CURRENT VERSION OF THE STATE OF MAINE SUBSURFACE WASTEWATER DISPOSAL RULES. INSTALLATION CONTRACTOR MUST BE FAMILIAR WITH SAID RULES AND CONSTRUCT SYSTEM IN FULL COMPLIANCE WITH SECTION 11 OF SAID RULES.

WILLIAM A. LABELLE, JR.

S.W.#

DATE _____